



REGISTRATION FORM FOR DUAL CREDIT AND EARLY COLLEGE STUDENTS

An application for admission must be on file to be eligible to register for classes. This registration form must be submitted each term, for dual credit and early college credit, and must be completed by the student and signed by all appropriate parties.

I. Personal Information *(Must Be Completed)*

Name: _____
Last
First
Middle

GC MSU Student ID Number _____ Date of Birth: _____
 or SSN (optional): _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

High School or Home School: _____ Expected Graduation Date: _____

High School Guidance Counselor (not required for Home School students): _____ N/A _____ Phone: _____ N/A _____

Semester of Enrollment: Fall Spring Summer Year: 2017

II. Approved Course Selection *(Must Be Completed)*

- Students must satisfy all course prerequisites and provide placement test scores where needed. Registration cannot be processed unless documentation of scores is attached or on file at the college.
- All students using this registration form will follow the College's official timelines, catalog, policies and procedures.

Course #	Course Title	Instructor	Credits	CRN #	DC or CC*
M 105Q	Contemporary Mathematics	A. Obstar	3	34343 34346	<input checked="" type="checkbox"/> DC <input type="checkbox"/> CC
					<input type="checkbox"/> DC <input type="checkbox"/> CC
					<input type="checkbox"/> DC <input type="checkbox"/> CC
					<input type="checkbox"/> DC <input type="checkbox"/> CC

**Please identify if you are requesting this course as a Dual Credit (DC) course or a College-Credit-Only (CC) course. Note: College credits are not equivalent to high school credits. Only the high school has authority to award high school credit, as well as determine the number of credits given for college credits taken.*

III. Billing Information *(Must Be Completed)*

Once a student has been registered using this registration form, a bill is owed to the college. Please complete the information below for the person (or organization) financially responsible for this bill. Designation of a responsible party indicates consent for the college to discuss the bill with the party designated. **PLEASE TYPE OR PRINT LEGIBLY WHEN COMPLETING THIS SECTION and DO NOT INCLUDE PAYMENT INFORMATION**

Person (or Organization) Responsible for Payment: _____

Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IV. Approval *(Must Be Completed)*

*Student signature indicates the student has requested to enroll college level course work.

**Signature of Student*

Date

*Parent/Guardian signature required for students under 18 and indicates knowledge of the following:

- This student is taking college coursework and is prepared to successfully take on this challenge.
- This credit will be recorded on an official transcript by the college and that poor performance may impact future academic pursuits.
- Parent/guardian acceptance of obligation for payment of the courses taken.

**Parent/Guardian Signature if student is under 18 years of age*

Date

**The undersigned high school official hereby certifies that the student is prepared for college level course work, meets the requirements for dual credit including all prerequisites and, is enrolled at a Montana high school accredited by the Board of Public Education, and has on file at the high school verification of all required immunizations.

IMPORTANT! *Signature of high school official is NOT required for high school or home school students registered for college-credit-only courses.*

***High school counselor/principal/instructor signature*

Date